

## CPT Course Instructor Change Authorization Form

This form is required to make adjustments to an existing authorization for Curricular Practical Training. If you do not already have CPT authorization, review the information on the ISSS website to submit your request. Enter your CPT details on this form and then contact your course instructor for approval signature. Submit the completed and signed form to ISSS for processing.

Student's Name:    
Family Name First Name

U of MN ID#:  SEVIS ID#:

The requirements for  have changed.  
(CPT Course Title and Number)

### Current CPT Authorization Details

Name of Current Employer

Employer Address (No P.O. Box)   
Street Address

City State Zip Code

Current CPT Dates: From:  to  # of Hours   
MM/DD/YYYY MM/DD/YYYY

Current CPT Dates: From:  to  # of Hours   
MM/DD/YYYY MM/DD/YYYY

On-campus employment hours for these dates:

### Enter your CPT change details under the relevant reason(s).

A. Cancelling CPT (never worked):

A course instructor's signature is not required. ISSS recommends obtaining an employer letter for your own records.

*Reasons B - D require course instructor's signature (see back).*

B. Extending current CPT:

**Due to changes in course requirements the student noted above must extend the existing CPT authorization for 30 days or less.** (CPT extensions beyond 30 days require a new CPT application including registration for an additional CPT course credit.)

Student will continue to work for   
Current Employer Name

New End Date:  Number of Hours per Week:

**C. Changing number of hours and/or dates of Current CPT:**

Number of hours per week will change: From:  To:

Dates will change: From:  To:

**D. Working for a new employer:**

New Employer Name:

New Employer Address:

New Start Date:  End Date:

Number or Hours per Week:

<b>Course Instructor Signature</b> <input type="text"/>	<b>Date:</b> <input type="text"/>
<b>Name (print):</b> <input type="text"/>	<b>Phone:</b> <input type="text"/>
<b>Department or College:</b> <input type="text"/>	<b>Email:</b> <input type="text"/>

**ISSS Adviser Checklist and Comments:**

- |   |  |
|---|--|
| <input type="checkbox"/> Register for CPT course                                | <input type="checkbox"/> Previously authorized for full-time CPT—# of months |
| <input type="checkbox"/> Previous CPT extension granted for this authorization? | <input type="checkbox"/> Program extension for this degree?                  |
| <input type="checkbox"/> Program Plan/Holds reviewed                            | <input type="checkbox"/> Gave I-20 due date slip to student.                 |
| <input type="checkbox"/> Counted On-campus employment in total # of hours       | <input type="checkbox"/> Exceptions/special instructions                     |
| <input type="checkbox"/> Financial Information reviewed                         |  |

Date submitted to ISSS

International student adviser initials

Adviser Comments: